

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



November 15, 2001

ALL-COUNTY INFORMATION NOTICE NO. I-98-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CAPI PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: JANUARY 2002 COST OF LIVING ADJUSTMENTS THAT AFFECT THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS

REFERENCE: ACIN No. I-119-00

This All-County Information Notice provides the new Cash Assistance Program for Immigrants (CAPI) Payment Standards, effective January 1, 2002. The attached CAPI payment standards chart details these standards.

As required by Section 18941 of the Welfare and Institutions Code, the CAPI payment standards are based on the Supplemental Security Income/State Supplementary Payment (SSI/SSP) standards, minus \$10.00 for an individual and \$20.00 for a couple. These CAPI increases are a result of a State 5.31 percent Cost-Of-Living Adjustment (COLA) for SSI/SSP, effective January 1, 2002.

The separate federal SSI COLA also affects the following values that can impact CAPI eligibility and benefit amounts:

PRESUMED MAXIMUM VALUE (PMV) OF IN-KIND SUPPORT AND MAINTENANCE

- To compute this value, take 1/3 of the federal SSI amount and add \$20.00. This changes the PMV from \$196.66 to \$201.66 for an individual and from \$285.33 to \$292.33 for a couple.

ALLOWANCE FOR INELIGIBLE CHILDREN IN DEEMING SITUATIONS

- To compute this allowance, determine the difference between the federal benefit amount for an individual and couple for SSI. This computation changes the allowance from \$266.00 to \$272.00.
- This allowance is entered, when appropriate, on the Income Eligibility Worksheet (SOC 452), line B.2.a, when determining a CAPI benefit amount for a case involving deemed income from an ineligible spouse.

SPONSOR'S ALLOCATION IN ALIEN DEEMING SITUATIONS

- This allocation equals the federal SSI rate for an individual. The federal SSI COLA changes the allocation from \$530.00 to \$545.00.
- This allowance is entered, when appropriate, on the Sponsor to Alien Deeming Worksheet (SOC 454), line 2, when determining a CAPI benefit amount for a case involving deemed income from a sponsor.

Any questions regarding these adjustments should be directed to your Operations Analyst at (916) 229-4582.

Sincerely,

***Original Document Signed By
Donna L. Mandelstam on 11/15/01***

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

CAPI PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2002
BASED ON JANUARY 2002 SSI/SSP STANDARDS

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD AND CERTIFIED NMOHC			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TO TAL CAPI		TO TAL SSI/SSP	TO TAL CAPI		TO TAL SSI/SSP	TO TAL CAPI		TO TAL SSI/SSP	TO TAL CAPI		TO TAL SSI/SSP
INDIVIDUAL:												
AGED OR DISABLED	740.00		750.00	564.00		574.00	726.00		736.00	908.00		918.00
- without cooking facilities (RMA) 1/	819.00		829.00	N/A		N/A	N/A		N/A	N/A		N/A
BLIND	802.00		812.00	640.00		650.00	726.00		736.00	908.00		918.00
DISABLED MINOR												
- living with parent(s)	633.00		643.00	446.00		456.00						
- living with non-parent relative or non-relative guardian	633.00		643.00	446.00		456.00	726.00		736.00	908.00		918.00
COUPLE:	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP	BOTH CAPI	ONE CAPI, ONE SSI	BOTH SSI/SSP
AGED OR DISABLED												
- per couple	1,312.00	1,322.00	1,332.00	1,071.00	1,081.00	1,091.00	1,493.00	1,503.00	1,513.00	1,816.00	1,826.00	1,836.00
- without cooking facilities (RMA) 1/	1,470.00	1,480.00	1,490.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	1,524.00	1,534.00	1,544.00	1,284.00	1,294.00	1,304.00	1,493.00	1,503.00	1,513.00	1,816.00	1,826.00	1,836.00
BLIND AGED OR DISABLED												
- per couple	1,445.00	1,455.00	1,465.00	1,203.00	1,213.00	1,223.00	1,493.00	1,503.00	1,513.00	1,816.00	1,826.00	1,836.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total CAPI	\$37	\$74
SSI/SSP	47	94

1/ RMA - Restaurant Meals Allowance - \$79 Individual; \$158 Couple